

2002-2003

REQUEST FOR PROPOSALS TO PROVIDE SERVICES TO ASSIST IN THE PREVENTION OF HOMELESSNESS

The City of Greensboro Department of Housing and Community Development requests proposals for services to assist homeless persons, persons at risk of homelessness, and persons with other special needs. Subject to the availability of funds, approximately \$520,000 will be available to help address non-construction service needs in this priority area.

Evaluation Process

Applications will be processed through Greensboro's *Homeless Prevention Group*. This group is charged with working collaboratively to develop a funding plan. The Community Resource Board will review recommendations forwarded by the Homeless Prevention Group as a starting point for making funding recommendations to City Council. Applicants who are not currently active members of Greensboro's Homeless Prevention Group should contact Beth-Mckee-Huger at the *Greensboro Housing Coalition*, 691-9521 to take part in the proposal process.

Submittal Procedures

Proposal Deadline

The firm "In-Hand" deadline for receipt of completed proposal forms and all required attachments is **4:00 PM On FRIDAY MARCH 22, 2002**. Hand delivered proposal packages must be submitted to Linda Kirkman, Receptionist, Housing and Community Development Dept., Plaza Level, Melvin Municipal Office Building, 300 W. Washington St. Mailed proposal packages must be addressed to Linda Kirkman, PO Box 3136 Greensboro, NC 27402-3136, post marked not later than March 22, 2002. **The City will not consider mailed or hand delivered proposals that arrive after the proposal deadline**

Submittal Instructions

Proposals should be placed in a manila envelope with the words "2002 Proposal for Homeless Prevention Services" written on the outside of the envelope.

Required Attachments

Proposals *will not* be considered without the following required attachments:

1. IRS letter certifying the organization's tax-exempt status
(Non-Profit Organizations).
2. Current listing of Board of Directors, including names, addresses, phone numbers and beginning and ending dates of term
(Non Profit Organizations).
3. Organization's most recent Audit and Audit Management Letter. Applicants who have not had an audit performed *must* attach a letter explaining why. These applicants must also attach the most current financial information available (financial statement, etc.)
4. Verification that the Audit and Audit Management Letter submitted have been reviewed and approved by the organization's Board of Directors. One of the following pieces of information must be submitted as evidence that the Audit and Management letter or other current financial information have been reviewed and approved by the organization's Board of Directors. **(Non-Profit Organizations).** Either of the following pieces of information is acceptable as verification:
 - A copy of the minutes of the Board meeting at which the most recent Audit and Audit Management Letter or other recent financial information were reviewed and approved by the organization's Board of Directors, **or**
 - A letter signed by your Board Chair, stating that the most recent Audit and Audit Management Letter or other current financial information have been reviewed and approved by the organization's Board of Directors.
5. Applicants who have not previously received City funding *must* submit a typed 1-page summary describing your purpose, history of service to the Greensboro community, and recent and ongoing projects.

Public Hearings

The Community Resource Board will conduct a Public Hearing on Thursday, March 28, 2002 at 6:00 PM in the City Council Chambers, 2nd Floor, Melvin Municipal Office Building, 300 W. Washington Street, Greensboro, NC. Interested persons are invited to speak about funding requests and needs in the area of Homelessness Prevention and about any other elements of the Annual Plan.

The Community Resource Board expects to make final funding recommendations on or about April 11, 2002.

The Greensboro City Council will conduct a Public Hearing to consider these and other Housing and Community Development proposals on Tuesday, May 7, 2002 at 6:00 PM in the City Council Chambers of the Melvin Municipal Office Building, 300 W. Washington Street, Greensboro, NC. Unless announced otherwise, parking will be available at no charge for both sponsored public hearings. Parking is available in the surface lot adjacent to the municipal building at the corner of Washington and Eugene Streets.

Further Information

For further information contact Gwen Torain 373-2993 (voice) 333-6930 (TDD)

PROPOSAL TO PROVIDE HOMELESS PREVENTION SERVICES AND SERVICES TO ASSIST PERSONS WITH OTHER SPECIAL NEEDS

Applicant/Agency:

Contact Person:

Phone Number:

Fax:

E-Mail Address:

Mailing Address:

Funds Being Requested For (check applicable box).

If requesting funds for more than one type of activity, use a separate proposal form for each activity.

☐ **Emergency Shelter Funding**

☐ **Emergency Assistance**

☐ **Rental Vouchers**

☐ **Housing Information and Referral Services**

☐ **Other (describe activity):**

Name of Program or Activity:

Number of Clients to be assisted:

Amount of City Funding Requested: \$

Non-City Funds Committed to Proposed Activity: \$

Total Project Budget: \$

Total Agency Budget: \$

**Geographic area to be served by proposed activity or
physical location where services will be provided:**

1. In the space provided, state *clearly* and *concisely* **what** you are proposing **why** it is needed, and **how** you will do it.

2. What **two primary benefits** will be realized should the proposed activity be funded? **Present measurable outcomes** that will result from your providing the proposed service. For example, an expected outcome or benefit of a residential treatment program might be stated as follows: "Through comparison of a pre-assessment upon entry, and a post-assessment 30 days after leaving our residential treatment program, 65% of our clients will remain free of addictive substances."

3. **Evaluation Measures:** In the space below describe how you will evaluate your proposed activity to determine how effectively and efficiently you delivered the benefits described in #2.

4. What ***other sources of funds*** will be used to carry out this activity? Higher consideration will be given to proposed activities that have commitments of other funding in addition to the City funds being requested.

Source: _____ Amount: \$ _____ Committed? ☐ Yes ☐ No

Source: _____ Amount: \$ _____ Committed? ☐ Yes ☐ No

Source: _____ Amount: \$ _____ Committed? ☐ Yes ☐ No

Source: _____ Amount: \$ _____ Committed? ☐ Yes ☐ No

5. Describe how you will collaborate with other local agencies or private partners to carry out your proposed activity.

ONLY THOSE APPLICANTS HAVING RECEIVED PREVIOUS CITY GRANTS OR IN-KIND CONTRIBUTIONS SHOULD COMPLETE THIS SECTION.

6. List the three (3) most recent *grants or in-kind contributions received from the City of Greensboro: *(include donated land value, donated office space value, and the actual dollar amounts of granted funds)

Grant #1: Funding Year: _____ Activity: _____ \$

Grant #2: Funding Year: _____ Activity: _____ \$

Grant #3: Funding Year: _____ Activity: _____ \$

7. If you received City grants/contributions during the CRB's *last* funding cycle (FY 2001-02), please complete the following:

Activity #1:

Amount Awarded: \$

Amount expended as of 2/15/02: \$

Activity #2:

Amount Awarded: \$

Amount expended as of 2/15/02: \$

Activity #3:

Amount Awarded: \$

Amount expended as of 2/15/02: \$:

Project Budget Sheet

Applicant:

Proposed Activity:

In the chart below, provide a line item budget for *all* funds expected to be used to carry out the proposed activity. You should list each specific budget item. The budget should agree with the amounts listed on page 1 of this form.

This budget page *must be completed*. Do not substitute another budget sheet for this sheet.

Project Budget Line Items	Budget Amount
City Funds Requested: (List line item activity and amount requested to fund each activity)	
Total City Funds	\$
Other Funds to Be Committed: (List funding sources and line item activity)	
Total Other Funds	\$
Total Project Budget	\$